

# APPLICATION FOR BUILDING PERMIT

## Sign Permit

Enter/Approve _____	DATE _____
PAID _____	DATE _____

City of Lake Jackson  
25 Oak Drive  
Lake Jackson, TX 77566  
(979) 415-2430 Fax (979) 297-9804

OFFICE USE ONLY
APPLICATION # _____

Address: \_\_\_\_\_ BLDG I.D. = SUBD. \_\_\_\_\_ BLK \_\_\_\_\_ LOT \_\_\_\_\_  
Description of Work: \_\_\_\_\_ Total Estimated Value \$ \_\_\_\_\_  
Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner/Other: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

TYPE SIGN	SIGN DIMENSIONS
Wallmounted	Wall Sign # 1 _____
Ground Mounted	Wall Sign # 2 _____
Sign Value	Wall Sign # 3 _____
Lighted	Wall Sign # 4 _____
Unlighted	TOTAL WALL SPACE
Painted	Dimension #1 _____
Channelletters	Dimension #2 _____
Ground Mounted Sq. Footage	Dimension #3 _____
Height of Ground Mounted Sign	Dimension #4 _____
# of Wall Mounted Signs	

Indicate Location of Ground Mounted Signs on Plot Plan \_\_\_\_\_  
Show Locations of Wall Signs on Sketch of Building \_\_\_\_\_

Permit Issued To \_\_\_\_\_ Address: \_\_\_\_\_ Amount: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\***Please note: If the sign(s) are to be lighted, please let us know the name of your electrician.  
The electrician must be licensed with the City of Lake Jackson.**

### Application for Electric Permit - Permit Information Sheet

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Master: \_\_\_\_\_ License #: \_\_\_\_\_  
Work Description: \_\_\_\_\_  
No. of 110 Volt Outlets (Count Switches As Outlets) \_\_\_\_\_ No. 220 Volt Recp \_\_\_\_\_  
No. AC Recp \_\_\_\_\_ Garbage Disposals \_\_\_\_\_ Dishwasher \_\_\_\_\_ Trash/Compactor \_\_\_\_\_  
Motors: 0 to .5 HP \_\_\_\_\_ .5 to 10 HP \_\_\_\_\_ 10 to 50 HP \_\_\_\_\_ 50 to 100 HP \_\_\_\_\_  
100 to 150 HP \_\_\_\_\_ 150 HP & Greater \_\_\_\_\_  
Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

**Total Amount:** \_\_\_\_\_

